del 2/4/2014-12:50 p.m.

FINANCIAL DISCLOSURE STATEMENT

		(For use by Local I	Public Officers of the City/Town of	Surprise)		
Date	1/31	/14	For	Calendar Year 2013		
		N-	4 %	(Or other applicable period, plea	se specify)	
1.	GEN	ERAL INFORMATION				
	which	you and members of you	nd the name of each member of your r household did business. Include er a business is controlled or depe	controlled and dependent busin	es under esses (see	
	(a)	Name of Local Public Off	icer John Williams			
		Address <u>17610 W. He</u>	arn Road, Surprise, Arizona 8	5388		
	(b)	Name of Local Public Off	icer's Spouse Melissa B. Willia	ms		
	(c)		Connor John Williams, A			
	\	Matthew Richard V				
	(d) Names under which you, your spouse and members of your household (those persons listed in (a), (b) and (c) above) did business.					
		c Officer or Household	Business Name	Business Address	Controlled and/or Dependent Business	
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				No.	-	
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2. SOURCES OF COMPENSATION

List names and addresses of all employers and all other sources of compensation in excess of \$1,000 received during the preceding calendar year by you, your spouse or members of your household (those persons listed in 1 (a), (b) and (c) above), or received by any other person for the use or benefit of you, your spouse or members of your household. Also, describe the nature of each employer's business and the services for which compensation was received.

You Need Not List:

Income to a business listed in 1 (d), specifically those individual sources of compensation that constituted a portion of the gross income of the business from which you or members of your household derived compensation.

Local Public Officer or Member of Household	Name & Address of Employer or Other Source of Compensation over \$1,000	Business <u>and</u> Individual's Services for Which Compensation Was Received
John Williams	Peoria Unified School District	Teacher
	21200 N. 83rd Avenue, Peoria, AZ 85382	Career and Tech Education
John Williams	Grand Canyon University	Adjunct Professor
	3300 W Camelback Rd, Phoenix, AZ 85017	College of Allied Health
John Williams	City of Surprise	City Councilmember
	16000 N Civic Center Plaza, Surprise, AZ 85374	District 3
Melissa Williams	All Pets Animal Hospital	Vet Tech
	13735 N 83rd Ave, Peoria, AZ 85381	

Description of Employer's

3. INFORMATION ON CONTROLLED BUSINESS

In Columns (1) and (2) give the name of any controlled business and describe the goods or services provided by the business.

If a single source of compensation to the controlled business amounts to more than \$10,000 and 25 percent of the gross income of the business, indicate the nature of the goods and services provided to the customer or client and a description of the business activities if that customer or client is a business in Columns (3) and (4). If there is no such major client or customer, leave Columns (3) and (4) blank.

You Need Not List:

The identity of any customer or client.

The amount of income from any customer or client.

The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Controlled Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 25% of Gross)	Business Activity of the Major Customer or Client, if a Business

N/A.			
(Use additional sheet if there is more	e than one such major custo	mer or client of a controlled be	usiness.)
4. INFORMATION ON DEPEND	ENT BUSINESS		
A "dependent business" is so client. A dependent business household also own more tha controlled business under ite Describe the goods or service	may also be a controlled by n a fifty percent interest in to m 3, it need not be listed in es provided by the business,	usiness if the public officer or the business. If a dependent this item. , the goods or services provid	members of his business is listed as a
or client and the business act	ivity if the major customer o	r client is a business.	•
You Need Not List:			
The identity of any cust The amount of income The activities of any cu	omer or client. from any customer or client. stomer or client which is no	t a business.	
(1)	(2)	(3)	·- (4)
Name of Dependent Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 50% of Gross)	Business Activity of the Major Customer or Client, if a Business
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		,	
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(Use additional sheet if there is more than one such major customer or client of a dependent business.)

5A. OWNERSHIP/BENEFICIAL INTEREST IN BUSINESS OR TRUST; INVESTMENTS

List the names and addresses of all businesses <u>and trusts</u> in which you or members of your household had an ownership or beneficial interest of over \$1,000 at any time during the preceding calendar year, together with a description of the interest and value of the equity interest by category number. You should list stocks, partnerships, joint ventures, sole proprietorships and other equity interests. Also, list beneficial interests in trusts.

Name and Address of Business or Trust	Local Public Officer or Member of Household	Description of Interest	Value of Equity by Category #
		M/MANAGEMENT AND A STATE OF THE	
" / N			
NH			
List the names and addres any office or had a fiduciar description of the office or Regardless of any financia	ses of all businesses and trusts y relationship at any time during relationship. I interest, you should list all bus tt, treasurer, secretary or truste Local Public Officer or Member of Household	in which you or any membe the preceding calendar year	you or any member of on of "Business".)
MA			

6.	REAL PROPERTY OWNERSHIP IN CITY/TOWN OF Surprise					
	List all real property interests and real property improvements located in the City/Town of Surprise , including location and approximate size in which you, any member of your household or a controlled or dependent business held legal title or a beneficial interest at any time during the preceding calendar year, and the value, by category, of the equity in any such property.					
3 46 0	If you or any member of your household or a controlled or dependent business acquired or divested any such interest during the preceding calendar year, disclose the transaction made and date that it occurred. If the controlled or dependent business is in the business of dealing in real property or improvements, disclosure need not include individual parcels or transactions, but the aggregate value of all such parcels.					
	You Need Not List:					
i i	Your primary residence. Property used for personal recre Individual parcels and transaction a dealer in real property.*	eation by you. ons, if a controlled or depende	ent busines	s is		
Appro	ion and oximate Size alty in City/Town	Local Public Officer or Member of Household or Business from Items 3 or 4		Value of Equity by Category	Date Acquired or #Divested	
	NA					
*Busi equit	ness dealers in real property—state on y interests, by category number, of all p	ly name of controlled or deper arcels held during the year.			gate value of	
Name Busir	e of Controlled or Dependent less Dealer in Real Property		Aggregat of Equity by Categ	Interests		
	NA					
7.	DEBTS; EXCEPTIONS	,	3			

List names and addresses of creditors for all debts in excess of \$1,000 owed by you or members of your household either in your own names or in the names of any other persons at any time during the preceding calendar year.

List names and addresses of creditors to whom a controlled or dependent business owed a debt of more than \$10,000 which was also more than 30 percent of the total business indebtedness at any time during the preceding calendar year.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Debts resulting from the ordinary conduct of a business other than a controlled or dependent business.

Credit card transactions.

Debts on residences or recreational property exempt from disclosure.

Retail installment contracts.

Debts on motor vehicles not used for commercial purposes.

Debts secured by cash values on life insurance.

Debts owed to relatives.

Any amounts.

PERSONAL DEBTS OVER \$1,000

Name and Address of Creditor (or Person to Whom Payments Are Made)	Date Local Public Officer or Member of Household Owing the Debt	incurred and/or Discharged
Nonr		
Name and Address of Creditor (or Person to Whom Payments Are Made)	USINESS DEBTS OVER \$10,000 AND Date Local Public Officer or Member of Household Owing the Debt	D 30% Incurred and/or Discharged
Nonic		

8. **DEBTORS**

List the name of the debtor for each debt in excess of \$1,000 owed at any time during the preceding calendar year to you and members of your household or to any other person for the use or benefit of the aforementioned persons.

List the name of the debtor for each debt exceeding \$10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business at any time during the preceding calendar year.

Give the amount of each debt by category number.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Those debts owed to you or members of your household resulting from the ordinary conduct of a business other than a controlled or dependent business.

Data

DEBTS OVER \$1,000 OWED TO YOU PERSONALLY

Name of Debtor	Local Public Officer or Member of Household to Whom Debt is Owned	Amount by Category #	Incurred and/or Discharged
NONE			
DEBTS (OVER \$10,000 AND 30% OWED TO YO	UR BUSINESS	
Name of Debtor	Name of Controlled or Dependent Business to Whom the Debt is Owed (Business from Item 3 or 4)	Amount by Category #	Date Incurred and/or Discharged
NONE			

9. GIFTS

List each source of any gift or accumulated gifts in excess of \$500 in value received during the preceding calendar year by you, members of your household or by any other person for the use or benefit of the aforementioned persons.

You Need Not List:

Gifts received by will.

Gifts received by intestate succession.

Gifts received from intervivos (living) trusts established by a spouse or ancestor.

Gifts received from testamentary trusts established by a spouse or ancestor.

Gifts received from any other member of the household or relatives to the second degree of consanguinity. (Parents, grandparents, siblings, children and grandchildren of the recipient.)

Political campaign contributions if publicly reported as political campaign contributions.

Amounts.

•	Name of Donor of	Gifts over \$500		cal Public Officer or Me puseholdRecipient	ember of		
2 (MIN)				. 2:			
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	10. BUSINESS LICENSES List all business licenses issued, by the City/Town of Surprise or by any other governmental ages which requires for its issuance the consideration of the application for such license by the Surprise of the City of Surprise, to, held by or in which you or any member of your household had an interest at any time during the preceding calendar year.						
	Type of License	Name in Which License is Issued	Local Public Officer or Member of Household Holding Interest, if Not Issued in Own Name	Type of Business	Location Busines		
	NONE						
	11. LOCAL GO	VERNMENT BONDS					
	List all bonds, together with their value, issued by the City/Town of Surprise, any industrial developmer authority of such city or town or any nonprofit corporation organized or authorized by such city or town held at any time during the preceding calendar year by you or any member of your household, which bonds issued by single entity had a value in excess of \$1,000. If the bonds were acquired or divested during the year, list whether they were acquired or divested and the						
	If the bonds date.	s were acquired or divested du	uring the year, list whether the	y were acquired or dive			
	Bonds Over \$1,000	Issuing Agency	Local Public Officer or Member of Household	Value by Category #	Date Acqui and/o Divested		
6	1 1	6					
	NON				_		

VERIFICATION

I do solemnly swear that the foregoing Financial Di and correct and fully shows all information required to be reporte	isclosure Statement filed herewith is in all things true ad-by me pursuant to Resolution No
Signature of Affiant	7
SUBSCRIBED and sworn to before me by John Will	liams
this 31d day of february 2014	Them On Os
Notary Public	Therese
My Commission Expires:	
	OFFICIAL SEAL SHERRY ANN AGUILAR Notary Public - State of Arizona MARICOPA COUNTY My Comm. Expires May 9, 2015